Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                        |                                                                                       |                                           |                              |                                    |               |                  |        | SMALL ENTITY TYPE |                        |                   | OTHER THAN OR SMALL ENTITY |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|------------------------------------|---------------|------------------|--------|-------------------|------------------------|-------------------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                           | 16                           |                                    |               |                  | ſ      | RATE              | FEE                    | 7                 | RATE                       | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                           | NUMBER FILED                 |                                    | NUMBER EXTRA  |                  |        | BASIC FEE         | 385.00                 | OR                | BASIC FEE                  | <del> </del>           |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                               |                                                                                       |                                           | 10 minus 20=                 |                                    | *             |                  |        | XS 9=             |                        | OR.               | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                           | l η m                        | inus 3 =                           | *             |                  |        | X43=              | <del> </del>           | OR                | X86=                       |                        |  |
| Мι                                                                                                                                                                                                                                                                                                                                    | JLTIPLE DEPE                                                                          | NDENT CLAIM P                             | RESENT                       |                                    |               |                  |        | +145=             |                        | OR                | +290=                      | <u> </u>               |  |
| * If                                                                                                                                                                                                                                                                                                                                  | the difference                                                                        | e in column 1 is                          | less than zero, enter "0" in |                                    |               | column 2         | L      | TOTAL             | <u> </u>               | OR                | TOTAL                      | 770                    |  |
|                                                                                                                                                                                                                                                                                                                                       | Ċ                                                                                     | LAIMS AS A                                | MENDED - PART II             |                                    |               |                  |        |                   | <b>L</b>               |                   | OTHER                      | THAN                   |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                           | (Colun                       |                                    | (Column 3)    |                  | SMALL  | ENTITY            | OR                     | SMALL             | ENTITY                     |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                           | ·                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | NUME<br>PREVIO<br>PAID F           | BER<br>JUSLY  | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |                   | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                       | Total                                                                                 | *                                         | Minus                        | **                                 |               | =                |        | X\$ 9=            |                        | OR                | X\$18=                     |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                   | Independent                                                                           | *                                         | Minus                        | ***                                | <del> </del>  | =                |        | X43=              |                        | OR                | X86=                       |                        |  |
| Ľ.                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                              |                                    |               |                  |        | +145=             |                        | OR                | +290=                      |                        |  |
| ٠٠٠ ٦                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                           |                              |                                    |               |                  | L      | TOTAL             |                        | ┨ <sub>╱╴</sub> ╹ | TOTAL                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                       | Al                                        | DDIT. FEE                    |                                    | <b>1</b> 0,,, | ADDIT. FEE       |        |                   |                        |                   |                            |                        |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                       | (Column 1)<br>CLAIMS                      |                              | (Colum<br>Highe                    |               | (Column 3)       | _      |                   | ADDI-                  | 1 r               |                            | 4001                   |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                           |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                              | NUMB<br>PREVIO<br>PAID F           | USLY          | PRESENT<br>EXTRA |        | RATE              | TIONAL.                |                   | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                       | Total                                                                                 | *                                         | Minus                        | **                                 |               | =                |        | X\$ 9=            |                        | OR                | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                       | Independent                                                                           | *                                         | Minus                        | ***                                |               | =                |        | X43=              |                        | OR                | X86=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                       | FIRST PRESE                                                                           | NTATION OF MU                             | ILTIPLE DEP                  | ENDENT                             | CLAIM         |                  |        | +145=             |                        | OR                | +290=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                           |                              |                                    |               |                  | <br>^5 | TOTAL<br>DIT. FEE |                        |                   | TOTAL<br>ADDIT, FEE        | •                      |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                      |                                                                                       |                                           |                              |                                    |               |                  |        |                   |                        | • •               | NUUII. FEEL                |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                           |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ER<br>JSLY    | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |                   | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                       | Total                                                                                 | *                                         | Minus                        | **                                 | •             | =                |        | X\$ 9=            |                        | OR                | X\$18=                     |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                   | Indep ndent                                                                           | *                                         | Minus                        | ***                                |               | =                |        | X43=              |                        | OR                | X86=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                       | FIRST PRESE                                                                           | NTATION OF MU                             | LTIPLE DEP                   | ENDENT                             | CLAIM         |                  | -      |                   |                        |                   |                            |                        |  |
| * lf                                                                                                                                                                                                                                                                                                                                  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                              |                                    |               |                  |        |                   | <u> </u>               | OR                | +290=                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                           |                              |                                    |               |                  |        |                   |                        |                   |                            |                        |  |